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## Office and Financial Policies

We would like to thank you for choosing Fair Oaks Women's Health as your women's health care provider. This document explains our current office and financial policies. It is important that you read and agree to these policies.

**No-Shows:** If you cannot keep your scheduled Gyn appointment, please call our office at least 24 hours in advance to reschedule. This will allow us to offer that time to another patient. Failure to give 24 hours cancellation notice or failure to keep your scheduled appointment is a **no-show** and will result in a charge of \$25. This fee may be waived depending on your circumstances and will be waived if you make and keep your next appt.

**Late Arrivals:** You are expected to arrive on time for your scheduled appointments. New patients should plan to arrive 30 minutes early to allow for completing forms and updating your electronic medical record in the computer. If you are more than 15 minutes late, we may have to reschedule your appointment.

**Fair Oaks Women's Health accepts Cash, Personal Checks, Travelers Checks, MasterCard, Visa, American Express Cards and ATM debit cards as payment for services rendered.**

**Financial Responsibility:** Any patient over the age of 18, or an emancipated minor, will be held financially responsible for all charges incurred. For minors, the parent who accompanies the minor for their first visit will be financially responsible for all charges incurred.

**Insured Patients:** Please bring your insurance card with you to your appointment. If your insurance plan requires an office visit co-pay, this will be collected at the time of service. The co-pay cannot be waived by our office; it is a requirement placed on us by your insurance carrier. You are financially responsible for any co-insurance, deductible or non-covered service.

**Balance Due:** Once we have received payment along with an Explanation Of Benefits (EOB) from your insurance plan, you will receive a statement from our office indicating what your insurance has paid. Any remaining balance will then be due and payable. Patients with large deductibles will be asked to pre-pay a portion of their known medical expenses (for example, pregnant or gyn surgery patients)

**Non Insured Patients:** Payment in full will be due at the time of service. If you are unable to pay your balance in full, you will need to make arrangements with our Office Manager.

**Medicare Patients:** You are personally responsible for your deductible, co-insurance and any services that Medicare deems as "Medically Unnecessary". Medicare patients may also be asked to sign an Advanced Beneficiary Notice (ABN) form as required by Medicare for certain services.

**Returned Checks:** A \$25 fee will be assessed for any check returned for insufficient funds. After that, only cash or credit cards will be accepted for payment.

**Disability Forms:** A \$20 fee will be charged for processing and mailing each disability form. These forms have become longer and more complicated and require a lot of administrative time to handle.

**Medical Records Request:** There is a \$25 fee for a medical records request. Payment for these records will be collected prior to records being released. A complimentary copy of your records will be sent to the physician of your choice.

**Collection Accounts:** Fair Oaks Women's Health reserves the right to turn an account over to collections if it is deemed that the account is in default of payment or compliance with this policy. In the event you breach this agreement, you agree to pay all collections fees, including court costs, collections agency fees and attorney's fees incurred by us in enforcing the terms hereof, whether or not formal legal proceedings are commenced.

**Financial Hardship:** We understand that sometimes it is a hardship to pay your medical bills timely. Please meet with our Office Manger so we can work out a payment plan. Ignoring medical bills is not advisable. Let us know your situation so we can work with you.

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### **Acknowledgement of Receipt of and Agreement with the Office and Financial Policies**

I have read and I understand the handout, *Office and Financial Policies*.

I authorize the physicians of Fair Oaks Women's Health to furnish all necessary information to my insurance carrier(s) concerning my medical care and treatment. I also irrevocably assign to Fair Oaks Women's Health all insurance payments for services rendered and all major medical benefits.

***I understand that I am personally obligated to pay for all medical services rendered regardless of whether or how much my insurance company has paid.***

By signing below, I am stating that I understand and I agree to the above policies.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Please sign and return this page to us. We will provide a copy upon request).